# FOUNDUS 5030 TRANSMITTAL LETTER

TO: Qualification/Registration Section Division of Corporations

9/25

MJH

SUBJECT: THEE REFINERS FIRE MINISTRIES OF PRAYER, INC. (Name of Corporation)

00855-00647-02963

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DEBRA FABIO	
(Name of Perso	nn)
F,A.B. CONSULTANTS, I	101010
(Firm/Compan	y) EDDOGAEAGOOF Y
7231 SW 130 Avenue,	500004542285 -08/20/0101090014 *****78.75 ******78.75
(Address)	
MIAMI, FL 33183 (City, State and Zip	Code
For further information concerning this matter, please  DEBRA FABIO  at (2006)	FILED  I SEP 25 AP  ECRETARY OF  LLAHASSEE, J
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. P.	AHLING ADDRESS:  Lalification/Tax Lien Section  Evision of Corporations  O. Box 6327  Illahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & 🗷 \$7	8.75 Filing Fee &  \$87.50 Filing Fee, rtified Copy  Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 23, 2001

DEBRA FABIO F.A.B. CONSULTANTS, INC. 7231 SW 130 AVENUE MIAMI, FL 33183

SUBJECT: THEE REFINERS FIRE MINISTRIES OF PRAYER, INC.

Ref. Number: W01000019606

We have received your document for THEE REFINERS FIRE MINISTRIES OF PRAYER, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 101A00048147

### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

THEE REFINERS FIRE MINISTR	ES OF PE	RAYER, INC.				
(Name of corporation: must include the word "INC in language as will clearly indicate that it is a corpor present. "Company" or "Co." may not be used as a	ration instead of	fa natural nercon or no	irtnerchin if not co o	viations of like	te impo ne nam	ort le at
2. TEXAS	3 7	4-2957641				
(State or country under the law of which it is incorp	oorated)		El number, if applic	able)		<del></del> ·
4. March 16,2000	5	Perpetua!				
4. March 16,2000 (Date of Incorporation)	<del></del>	(Duration: Year cor	p. will cease to exis	t or "perpetu	al")	<u> </u>
6. July 13, 2001 (Date corporation first conducted Affairs in F						
(Date corporation first conducted Affairs in F	lorida - See seci	tions 617.1501, 617.15	502, and 817.155, F	.S.)		
7. <u>8775 NW 36 STREET, BI</u>	LDG 1 #30	2, SUNRESE,	FL 33351			
	(Principal offic	e address)				
SAME A	AS ABOVE					
	(Current mailin	g address)			<u> </u>	
•						
8. To perform charitable act	22					
<ol> <li>To perform charitable act (Purpose(s) of corporation authorize</li> </ol>	din home state	or country to be comin				
(* -rposo(s) or corporation authorize	d in nome state	or country to be carrie	ed but in the state of	Florida)		
9. Name and street address of Florida registers	ed agent: (P.C	) Box or Mail Dron	Box NOT accents	hle) = co	$\overline{}$	
		Son of man Brop	Dox <u>inor</u> accepta	EG.		
Name IIII a Darr				ŽÄ	93S-P	
Name: <u>VERA PAUL</u>	<del></del>	4	•	- <del> </del>		<del></del>
9775 NW 26				SSI SSI	25	FILED
Office Address: 8775 NW 36 St. Blo	<u>ig 1 #30</u> 2		-		) <b>&gt;&gt;</b>	
				11 (1)	<u></u>	_
Sunrise		lorida <u>33351</u>		[0]	<del></del>	
(City)			(Zip Code)	RY OF STATE SEE, FLORID/	AM 11: 02	
				>∵	10	
10. Registered agent's acceptance:						
Having been named as registered agent and to	accept servic	e of process for the	above stated corp	oration at t	he pla	ice
designated in this application, I hereby accept I further agree to comply with the provisions	at all ctatutes	valating to the nuon.	an and complain -	ici in this co erformanc	ipacit of m	<i>y</i> .
duties, and I am familiar with and accept the	obligations of	my position as regis	stered agent.	c. joi munce	oj mj	F

Oera E Paul (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

		_					-	
12.	Names	and	addresses	of	officers	and/or	directors:	:

#### A. DIRECTORS

Address:  Director:  Address:  Director:  Address:  B. OFFICERS  President:  VERA PAUL  Address:  8775 NW 36 Street Bldg 1 #302  Sunrise, FL 33351  Vice President:  Address:  Christine Lumbard  Address:  8775 NW 36 Street Bldg, 1 #302, Sunrise, PL 33351  Freasurer:  Elsie Cadogan  Address:  609 N. 35th Street Bldg, 1 #302, Sunrise, PL 33351  Freasurer:  Elsie Cadogan  Address:  609 N. 35th Street McAllen, Texas 78501  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  13. Lea E Paul  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  VERA PAUL PRESIDENT	Chairman:	
Vice Chairman:  Address:  Director:  Address:  B. OFFICERS  President:  VERA PAUL  Address:  8775 NW 36 Street Bldg 1 #302  Sunrise, FL 33351  Vice President:  Address:  82775 NW 36 Street Bldg 1 #302  Surrise, FL 33351  Vice President:  Address:  82775 NW 36 Street Bldg 1 #302, Sunrise, FL 33351  Freasurer:  Elsie Cadogan  Address:  609 N. 35th Street Bldg. 1 #302, Sunrise, FL 33351  Freasurer:  Elsie Cadogan  Address:  609 N. 35th Street McAllen, Texas 78501  NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  IS Paul  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  VERA PAUL PRESIDENT		
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	(Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·





#### Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for THEE REFINER'S FIRE MINISTRIES OF PRAYER, INC. (filing number: 157575501), a Domestic Nonprofit Corporation, was filed in this office on March 16, 2000.

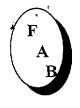
It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 20, 2001.



Honey Cueller

Henry Cuellar Secretary of State



#### F.A.B. CONSULTANTS, INC

7231 SW 130TH AVENUE \*\* MIAMI, FL 33183 \*\* (305) 408-3083 \*\* EMAIL: FABCONSULTANTS@AOL.COM

Herbert Fabio President

> Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

September 20, 2001

Dear Michelle Hodges:

As you requested enclosed is the Certificate of good standing you requested. Please note as I mentioned to you in our telephone conversation, the State of Texas no longer carry the gold filling in their seal. Hope this will be sufficient to rectify the situation.

Sincerely,

Debra Fabio.